

Foster Family Home - Corrective Action Report

Provider ID: 1-120017

Home Name: Shirley Ann Baptista, CNA

Review ID: 1-120017-11

1153 Kaweloka Street

Reviewer: David Ayling

Pearl City

HI 96782

Begin Date: 1/18/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/18/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification

Compliance Manager

Primary Care Giver

Date

Date